



EVALUATION REPORT

Program Support Bureau

Quality Assurance Division

County of Los Angeles – Department of Mental Health

TO BE COMPLETED BY THE QUALITY ASSURANCE DIVISION STAFF ONLY

The purpose of this evaluation is: (1) to assess the effectiveness of each agency's Quality Assurance process, (2) to assess each agency's level of quality of care and service delivery standards, and (3) to prevent potential risk to the LACDMH as it relates to audits, claims, and liability regarding clinical records.

Provider Name: _____

Date: _____

Provider Number: _____

Date of Chart Review: _____

Program Manager's Name: _____

Number of Charts Reviewed: _____

- The following reviewed / resolved charts are taken from the MONITORING REPORT dated _____.
- The charts selected for this evaluation were chosen by the QAC Chairperson as charts that have been reviewed with their respective issues resolved.

Client IS #	Type of Review	Rating	Comments / Recommendations
1	<input type="checkbox"/> 45-day <input type="checkbox"/> Annual	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
2	<input type="checkbox"/> 45-day <input type="checkbox"/> Annual	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
3	<input type="checkbox"/> 45-day <input type="checkbox"/> Annual	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
4	<input type="checkbox"/> 45-day <input type="checkbox"/> Annual	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
5	<input type="checkbox"/> 45-day <input type="checkbox"/> Annual	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

Type of Quality Assurance Process: ☐ Formal QAC Process or ☐ Other QA Process (Individual / Team / Inherent Case Flow)

Skilled Professional Medical Personnel (SPMP) claimed for all QA Activities: ☐ YES or ☐ NO (If NO, explain _____)

1. QAC Process / QA Process IN-COMPLIANCE with DMH Quality Assurance Guidelines: ☐ YES or ☐ NO

2. Number of FINDINGS: _____ Number of OUT-OF-COMPLIANCE items: _____

3. QA Reviewer(s) Printed Name: _____ Telephone Number: _____

Printed Name: _____ Telephone Number: _____